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ABSTRACT

The paper describes PAC (Psychology--Audiology Collaboration), a program which provides services and family support to the hearing impaired in a community setting. The program features a prevention component, treatment, educational and social support components, cross-discipline referrals, and interdepartmental training opportunities for graduate students in both disabilities. The program makes a continuum of care available to serve referred children's needs. Examples are cited of typical referral reasons between clinics to illustrate the usefulness of interdepartmental cooperation. (CL)

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PAC: A MULTIDISCIPLINARY CONTINUUM OF CARE FOR HEARING-IMPAIRED CHILDREN

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ABSTRACT

PAC: A Multidisciplinary Continuum of Care
for Hearing-Impaired Children

Community psychology's area of focus includes recognition of the needs of underserved, special and "high-risk" populations. Hearing-impaired children and adults (nearly 13 million in the United States) constitute a population with all of the above characteristics. This paper describes PAC (Psychology-Audiology Collaboration), a program which provides services and family support to the hearing-impaired in a community setting. The program includes a prevention component, treatment, educational and social support components, cross-discipline referrals, and interdepartmental training opportunities for graduate students in both disciplines. In effect, a continuum of care is available to serve referred children's needs.

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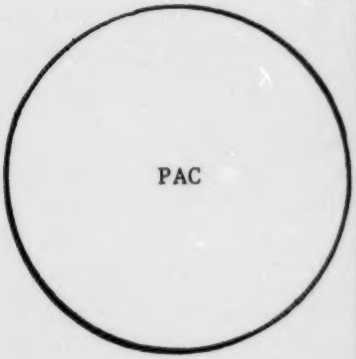

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PAC: A Multidisciplinary Continuum of Care for Hearing-Impaired Children

Community psychology's involvement in service delivery includes recognition of the need for attention to special and "high risk" populations. For special populations, not all levels of prevention are feasible, but planning and implementation of effective service programs is essential. Hearing-impaired children and adults (nearly 13 million in the United States) are a population for whom primary prevention in the medical sense is obviously impossible. The PAC Project (Psychology-Audiology Collaboration) is a multidisciplinary program designed to serve a family's needs following diagnosis of hearing impairment, including preventing or minimizing adjustment difficulties. Prevention of negative societal attitudes toward deafness is also an ultimate goal, and PAC is intended as a first step in this area through increased professional awareness of the needs of the hearing-impaired.

The need of hearing-impaired children for service from mental health professionals is significant. Research has documented that hearing-impaired children exhibit considerably more behavior problems, academic difficulties, and social maladjustment than same-age peers with normal hearing (Schlesinger and Meadow, 1972). Both hearing-impaired children and adults must cope with the stress which accompanies membership in a minority group (Moritsugu and Sue, 1983), and which has been described in books written on the experience of deafness (e.g. Outsiders in a Hearing World, Higgens, 1980). However, there is an overwhelming shortage of psychologists who are trained or qualified to work with deaf children (Levine, 1981; Turkington, 1982). The problem is twofold. First, trained psychologists are not available to work with the hearing-impaired; second, the audiologist or speech pathologist who will first encounter the hearing-impaired child and spot behavioral difficulties may

feel unable to deal with those problems, or not know where or how to refer. Similarly, without some knowledge of hearing impairment, psychologists may not be aware of the need to refer children for audiological evaluation when the presenting problem is a learning difficulty which may involve hearing impairment. In all likelihood, professional efforts to estimate families' needs in this area are at best inadequate. Few intake procedures in psychological services settings include assessment of hearing loss for referred children. Even minimal auditory dysfunction, not detectable except by an audiologist, can significantly impede learning. Assessing the needs of families of hearing-impaired children is similarly rare.

The PAC project includes a continuing needs assessment with referred families, as well as a full range of services. PAC is intended to bring together the resources of a university psychology clinic and speech and hearing disorders clinic to meet all of the audiological, psychological, social and educational needs which the clients of either clinic may have. Staff of the project include master's and doctoral level audiologists and speech pathologists, clinical psychologists, and graduate students in clinical psychology and audiology (supervised by Ph.D. level faculty members). A consultant (clinical psychology graduate student) is provided five to ten hours per week to the Speech and Hearing Clinic, and is available in an on-call capacity for consults at other times. Referrals between clinics are provided by a designated staff contact person to insure that families can begin to receive services immediately. Professors from each department are brought into graduate seminars in the other department for presentation of topics which will introduce and familiarize trainees with the roles and functions of the other professional.

A few examples of typical referral reasons between clinics will serve to illustrate the usefulness of the interdepartmental cooperation. The speech and hearing professional's caseload may include children or families for whom there are a) peer problems or other social skill deficits, b) disrupted or strained family relationships due to the stress of raising a hearing-impaired child, c) parenting skills which are either lacking or fail to meet the needs of the special child, or d) language or learning delays on the part of the child, resulting from the hearing loss. At these times, family therapy, behavioral parent training, social skill improvement efforts, psychological assessment, or classroom-based interventions may prove useful, all of which can successfully be implemented by the clinical child psychologist. The referral questions received by a clinical child psychologist frequently include problems of school failure, suspected learning disability or mental retardation, all of which can be influenced in varying degrees by impaired hearing and thus require the attention of an audiologist or speech pathologist. Referrals to PAC over a twelve-month period include speech-delayed preschoolers in need of intellectual evaluation, elementary school aged children in need of testing for auditory dysfunction, adolescents with hearing impairment, and parents of hearing-impaired and speech-delayed children of varying ages.

The range of treatment provided needy families is of course dependent upon their needs (hence the idea of a continuum), but a typical pattern would be the following: first, after a hearing impaired child has been identified at the Speech and Hearing Clinic, time is spent explaining to the parents the exact extent of the child's hearing loss. The parents are

next told the effect that their child's hearing loss will have on his or her language and educational development. It is not surprising that at this point in the evaluation process, parents often request to be introduced to other parents with a child who is experiencing a similar hearing loss. The PAC project is affiliated with a parent support group (OPHIC: The Organization for Parents of Hearing-Impaired Children, Inc), which is coordinated by parents and which offers information which, in many cases, professionals are unable to supply. Monthly meetings are held for all interested parents for the purpose of sharing concerns, discussing discipline and other child-rearing issues, and making contacts with educational systems in the area. Contact is also maintained with other parent groups in different states, and speakers exchanged. OPHIC fills a need for social support to parents, and therefore serves a "buffering" role (Brown, Bhrolchain, and Harris, 1975) for the effects of what is clearly a stressful life event (Dohrenwend and Dohrenwend, 1974).

If a family desires more than contact with other parents, they are invited to meet the clinical psychology consultant from PAC to discuss parent counseling or other forms of treatment. Even brief intervention can be of great value to help parents through the adjustment process of accepting the fact of their child's hearing loss, and coping with the changes it will necessitate. For example, the emotional reactions which parents experience upon learning of their child's hearing loss have been enumerated in a work by Luterman (1979). Parents often experience a mourning reaction as they deal with the loss of the hearing child which they thought they had. In these cases, psychotherapy can be beneficial. Also, behavior therapy with hearing-impaired children may be helpful in meeting their audiological needs.

Immediately after a child has been diagnosed as having a permanent hearing loss, the audiologist will recommend appropriate amplification in the form of a hearing aid. In most cases the child must wear the aid all of his waking hours. Often parents and audiologist are unsuccessful in keeping the hearing aid on the child. Because of the importance of optimal hearing, and the expense of a hearing aid (average $488.00), behavioral parent training is often indicated.

Experience with the PAC Project has shown that there is much which psychology and audiology can contribute to each other as disciplines. Just as speech/language and audiology professionals have inadequate understanding of the psychological needs of their clients, often clinical psychologists have a limited knowledge regarding the speech, language or hearing disorder of their clients. The speech/language pathologist is avilable to explain to the psychologist the optimal language level to be expected during the treatment of a child experiencing a language delay. Audiologists can not only share with the psychologist the implications of a child's hearing loss, but can also make recommendations regarding the acoustics of the therapy room and the concomitant effect on the hearing of their client. Finally, the audiologist can help the psychologist choose and assemble assistive listening devices to be used with his or her hearing-impaired clients, in order to achieve optimal hearing levels during therapy.

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